

**DETOXIFICATION QUESTIONNAIRE  
GENERAL SIGNS & SYMPTOMS (GI-Q1)**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

This questionnaire gives your healthcare provider an indication of your toxicity level based on common signs and symptoms related to toxicity. It will also provide information to see if you have less toxic signs and symptoms after the 7-day detoxification program. Please complete this questionnaire **before** and **after** the 7-day detoxification program, (you will receive a post cleanse questionnaire in your kit).

**Point Scale:**

- 0 = Never or almost never have the symptom
- 1 = Occasionally have it, effect is not severe
- 2 = Occasionally have it, effect is severe
- 3 = Frequently have it, effect is not severe
- 4 = Frequently have it, effect is severe

**HEAD**

- \_\_\_ Headaches
- \_\_\_ Dizziness
- \_\_\_ Insomnia
- \_\_\_ Faintness
- \_\_\_ TOTAL

**EARS**

- \_\_\_ Itchy ears
- \_\_\_ Ringing in ears/ loss of hearing
- \_\_\_ Earaches/ ear infections
- \_\_\_ Drainage from ear
- \_\_\_ TOTAL

**EYES**

- \_\_\_ Bags or dark circles under eyes
- \_\_\_ Watery or itchy eyes
- \_\_\_ Swollen, reddened, or sticky eyelids
- \_\_\_ Blurred or tunnel vision (excluding near- or far- sightedness)
- \_\_\_ TOTAL

**NOSE**

- \_\_\_ Stuffy nose
- \_\_\_ Sinus congestion, sinus infection
- \_\_\_ Constant sneezing
- \_\_\_ Hay fever/allergies
- \_\_\_ Excess mucus formation
- \_\_\_ TOTAL

## **MOUTH/THROAT**

- Chronic coughing
- Sore throat, hoarseness, loss of voice
- Gagging, frequent need to clear throat
- Swollen tongue, gums, or lips
- Swollen lymph nodes
- Canker sores, mouth ulcers
- TOTAL

## **HEART**

- Chest pain
- Irregular or skipped heartbeat
- Rapid or pounding heartbeat
- TOTAL

## **LUNGS**

- Asthma, bronchitis
- Chest congestion
- Shortness of breath
- Difficulty breathing
- TOTAL

## **SKIN**

- Acne or brown "age/liver spots"
- Hives, rashes, cysts, boils
- Eczema or psoriasis
- Itchy skin/dermatitis
- Hair loss, hair thinning
- Body odor
- Excessive sweating
- TOTAL

## **JOINTS/MUSCLES**

- Pain or aches in joints or lower back
- Stiffness or limitation of movement
- Arthritis
- Pain or aches in muscles
- TOTAL

## **MENTAL/EMOTIONAL**

- Poor memory
- Difficulty concentrating
- Mood swings
- Depression
- Anxiety, fear, or nervousness
- Anger, irritability, or aggressiveness
- Insomnia
- TOTAL